

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

**AFTER 1ST
AMENDMENT**

**AFTER 2ND
AMENDMENT**

	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	1					
5	1					
6	1					
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
13	1					
14	1					
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50						

TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS



TOTAL IND.



TOTAL DEP.



TOTAL CLAIMS

